

BEST AVAILABLE COPY

10/032419

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	11 minus 3 =	8
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

9/21/05 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus *** (30)	=
Independent	* 9	Minus *** 11	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	
BASIC FEE	370.00	OR BASIC FEE 740.00
X\$ 9=		OR X\$18= 180
X42=		OR X84= 672
+140=		OR +280=
TOTAL		OR TOTAL 1592

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	
X\$ 9=		OR X\$18=
X42=		OR X84=
+140=		OR +280=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus	***	27	Total	Minus	***	27	Total	Minus	***
	Independent	Minus	***	9	Independent	Minus	***	9	Independent	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
AMENDMENT B	RATE	ADDITIONAL FEE		AMENDMENT C	RATE	ADDITIONAL FEE		AMENDMENT C	RATE	ADDITIONAL FEE	
	X\$ 9=		OR X\$18=		X\$ 9=		OR X\$18=		X\$ 9=		OR X\$18=
	X42=		OR X84=		X42=		OR X84=		X42=		OR X84=
	+140=		OR +280=		+140=		OR +280=		+140=		OR +280=
	TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus	***
	Independent	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- ! The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.